Effective December 29, 1999 09/635995/														4
CLAIMS AS FILED - PART I (Column 1) (Column 2)											NTITY	OR	OTHER	
FOR			NUMBER FILED			NUMBER EXTRA			TYP		FEE	1 I	RATE	FEE
8/	ISIC FEE								<u> </u>	, 2,	345.00	OR	HAIE	690.00
ŢĊ	TAL CLAIMS		49 minus 20=			. 75			X\$ 9	-		OR	X\$18=	772
INDEPENDENT CLAIMS 2 minus 3 =							X39=	1		1	X78≃	500		
MULTIPLE DEPENDENT CLAIM PRESENT UNSIGN antity								+130:	\dashv		OR			
* If the difference in column 1 is less than zero, enter "0" in column 2										4		ОП	+260=	10/2
	C	S AS A	MENDE		TOTA	L		OR	OTHER	THAN				
(Column 1) (Column 2) (Column 3)									SMAL	L E	NTITY	OR	SMALL	
JENT A		REM A	AINING TER IDMENT	7	PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•		Minus	Z.,		= Q		X\$ 9=	-		OR	X\$18=	
	Independent	NTATIC	Minus DN, OF MULTIPLE DEP		EN C	SENT CLAVA			X39=	1		OR	X78≃	
				yern ce ber	LINE	DENT CLAIM			+130=	.		OR	+260=	,
a	A STRONG &	ÇL	umn 1) AIMS	A Supplier		Column 2) HIGHEST	(Cólumn 3)	•	TOTA ADDIT. FE	EE L	4551	OR	TOTAL ADDIT. FEE	
AMENDMENT		Al	AINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total Independent	*		Minus	**		=		X\$ 9=			or	X\$18≃	
	<u> </u>	NTATIC	ON OF MI	Minus F MULTIPLE DEP			=		X39=			OR	X78;=	·
										T		OR	+260=	
	·									Ψ.		OR	TOTAL ADDIT, FEE	
	80 × 132 80 × 20 %		umn 1)			Column 2)	(Column 3)							
AMENDMENT C		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	•	ADDI- IONAL FEE		RATE:	ADDI- TIONAL FEE
END END	Total	•		Minus			= "		X\$ 9=	Γ		OR	X\$18=	
¥	Independent	·	N OF IT	Minus	***		=	ı	X39=	十		OR	X78=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30 enter This.														
ORM	The "Highest Num PTO-875	ber Prev	riously Pak	d For (Total or	o SP/	pendent) is the	highest number	r fou	nd in the a	appro		in cal	umn 1.	501415055

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Application or Docket Number